



TB/HIV: ENHANCING COLLABORATION –

LESSONS FROM THE MALAWI EXPERIENCE

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by

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1. BACKGROUND

- In 2002 NTP and NAC developed a 3 year 2003-2005 TB/HIV plan for scale up collaborative issue.
- Deliverable objectives in the plan included:
 - To provide VCT services for TB patients and the general public
 - To provide isoniazid preventive therapy for HIV+ve persons who do not have TB
 - To provide cotrimoxazole preventive therapy to HIV-positive persons with TB



- To provide care and support for HIV-related illness in TB patients
- To provide secondary isoniazid preventive therapy to HIV-positive TB patients who have completed a course of anti-TB treatment
- To provide antiretroviral (ARV) therapy to HIV-positive TB patients
- To establish and maintain TB-HIV management capacity and coordination



- To establish and maintain relevant TB-HIV operational research
- To ensure TB-HIV monitoring and evaluation



2. FUNDING SOURCES

- WHO-Stop TB, US\$140,000 for 3 years
- WHO-USAID funds from WHO AFRO
- DFID, NORWAY/SIDA and KNVC (NTP funds for collaborative TB/HIV activities.
- CDC through UNICEF
- Global funds



3. HUMAN RESOURCE

- In 2003-2005 six people hired to beef up staff at CU of NTP and focused on TB/HIV activities
- At regional and district level, implementation of collaborative activities performed by general staff.



- Overall coordination, provision of technical guidance provided by NTP Director, 2 Deputy PMs and head of HIV Clinical Unit, Ministry of Health.
- During past 3 years, WHO mission in Geneva and Afro Region



4. COLLABORATIVE ACTIVITIES CONDUCTED DURING THE 3 YEARS PERIOD (2003-2005)

- Countrywide situation analysis of HIV and Joint TB/HIV for 2002
 - Assess the state of HIV/AIDS and joint HIV-TB services delivered in hospitals, Health centres and clinics
 - Collect data on counselling and HIV testing for the previous year



- Decide which hospitals could with a reasonable degree of success start to implement routine counselling and HIV testing for TB patients and CT with administration of CTX to HIV positive TB patients
- Choosing the initial sites for routine CT and CTX for TB patients, based on the following criteria:



- CT/HIV services: No of clients/patients test in 2002

Presence of dedicated CT room.

Presence of full time Counsellors.

Well kept CT registers/lab registers.

Supportive DHMT

- TB control services: organization of TB office

An up to date register

A return rate of treatment cards 60% or higher

A cure rate over 65%



- From this criteria, 15 hospitals were selected for supported expansion of joint HIV-TB
- Developing National guidelines for CT and CTX for TB patients
 - In May 2003 NTP, NAC & DHMT developed guidelines for CT and CTX for TB patients
- Provide route counselling and testing for the general public and TB patients



- CT for general population.
70 sites in 2002, 235 in 2005
150,000 tested for HIV in 2002
283,467 tested for HIV in 2004
650,000 tested in 2002-2004
Growth in CT sites 61% in 2005
- Counselling and HIV testing for TB patients



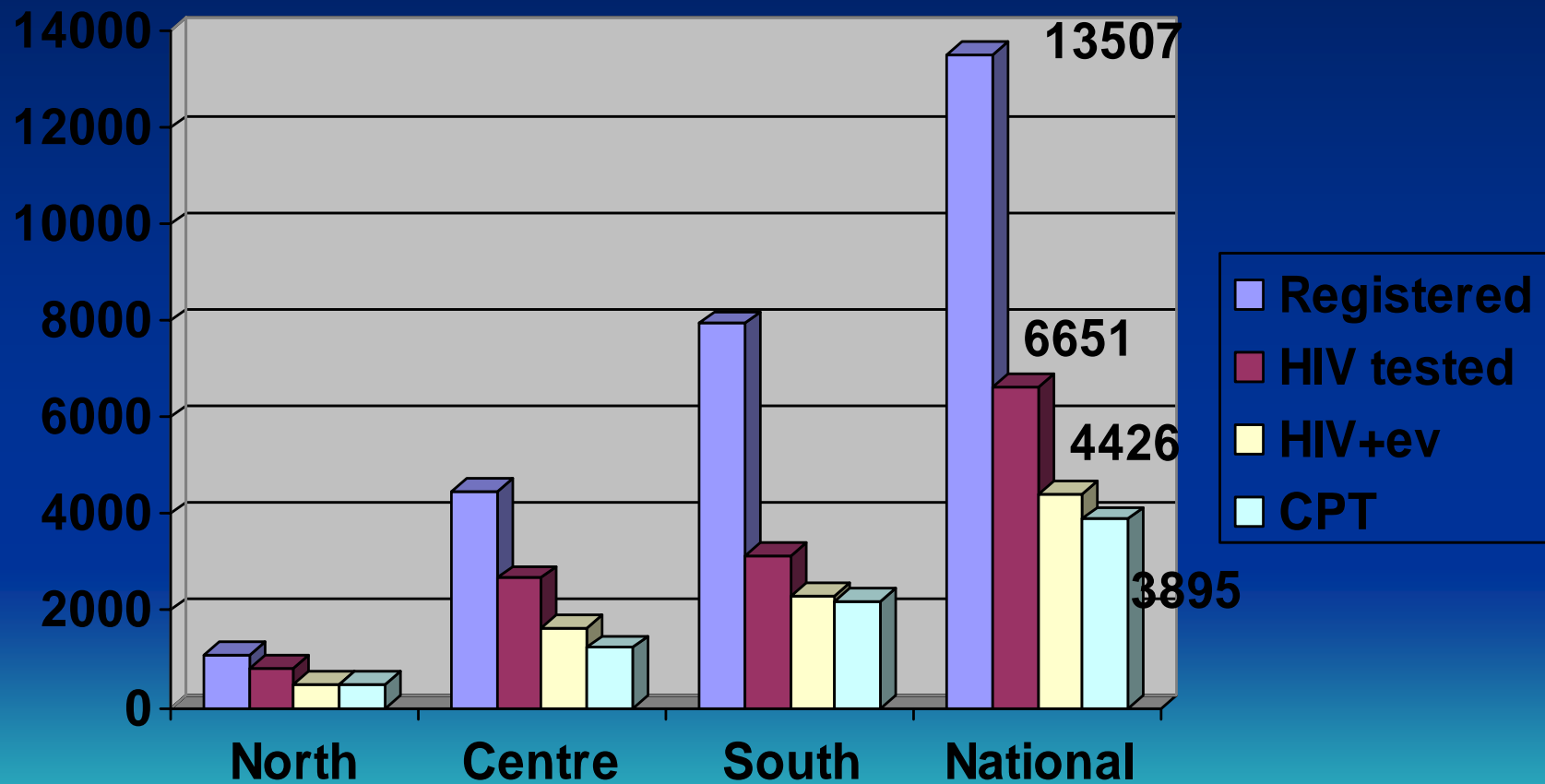
4.1 TB PATIENTS ACCESSING HIV TESTING IN THE PUBLIC HEALTH FACILITIES FROM 2002 TO JUNE 2005

YEAR	2002	2003	2004	JAN. – JUNE 2005
TB Cases registered	25899	26836	26136	13507
TB patients with HIV	2130 (8%)	3983 (15%)	6681 (26%)	6651 (49%)

TB Patients testing HIV positive (%)	77%	69%	72%	67%
Offered CPT	Not known	2349 (87%)	4649 (97%)	3885 (88%)



4.2 *A graph showing number of TB patients registered, tested for HIV, tested HIV positive and offered CPT from January-June 2005; National and regional data.*



- Counselling and HIV testing supervision
 - 2 CT counsellors work with HIV unit to train district CT supervision and so far 52 CT supervisors trained
- Provision of cotrimoxazole prophylaxis for HIV positive TB patients
 - In July 2003, 15 TB treatment sites started offering routine HIV testing and counselling and adjunctive cotrimoxazole to HIV positive TB patients.



- By January 2005, 45 sites

July 2003 to June 2005, 11964 TB patients tested HIV positive

10883 (91%) offered cotrimoxazole

In 2004, 6681 TB patients tested, 4804 (72%) HIV positive

4649 (97%) offered cotrimoxazole



- Revised cotrimoxazole policy in Malawi
 - CTX guidelines are to be revised following WHO guidelines
 - CTX to be used for preventive therapy in adults and children living with HIV/AIDS
- Provision of ART to eligible HIV positive TB patients
 - ARV delivery mechanism adopted from DOTs strategy



By Sept, 2005, 60 facilities selected for ART

By Sept 2005, 30,055 pts on ARV
61% female

5% children under 13

December 2005, 38,000 on ART
cumulatively

30,055 (of cumulative AIDS) 5439
(18%) on ART due to TB

1st two quarter 2005 10,226 new
patients on ART.



1610 (16%) on ART due to TB

Only 36% of TB eligible HIV positive TB patients on ART.



4.3 *Table 2: Patients started on ART during the first three quarters of 2005 in relation to how many of them were started on ART due to TB*

Quarter 2005	1st Quarter	2nd Quarter	3rd Quarter	Total
New AIDS patients offered ART	4530	5696	7784	18010
TB patients offered ART	702	908	1363	2973
% to new patients started on ART	15%	16%	18%	17%

- Intensified TB case finding in HIV testing and counselling sites
 - May and June 2005, eleven pilot hospitals trained on conducting active TB case finding in CT Clinics
- Involving the Community in TB/HIV collaborative activities
 - NTP is working CBO (800V)
 - Assessment June 2005 prove H/works conversant with TB/AIDS activities

5. CHALLENGES

- Low uptake of ARV by eligible HIV positive TB patients:
 - TB treatment is decentralized and ART is highly centralized
 - The current ARV regimen and TB poses some challenges to administration of Nevirapine



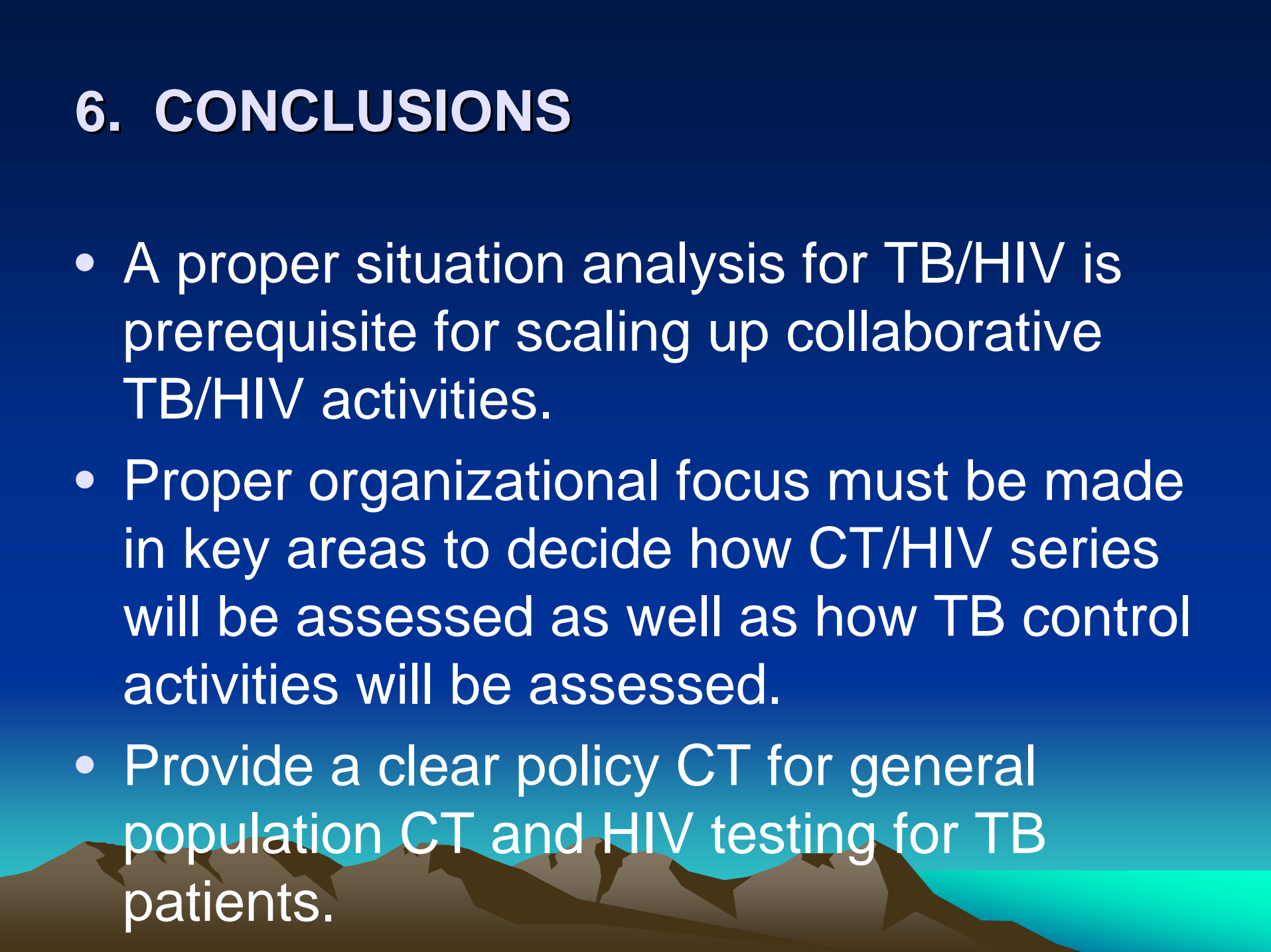
- TB programme lack monitoring trials to determine HIV positive TB patients who are placed on ART.
- Involvement of the community in collaborative TB/HIV activities (resource implication)
- Availability of drugs, consumable and supplies.
 - 2005 experienced HIV kits stock outs and cotrimoxazole



- Inadequate human resource
- Health Sector SWAP
 - An opportunity as well as a challenge
- Monitoring and evaluation

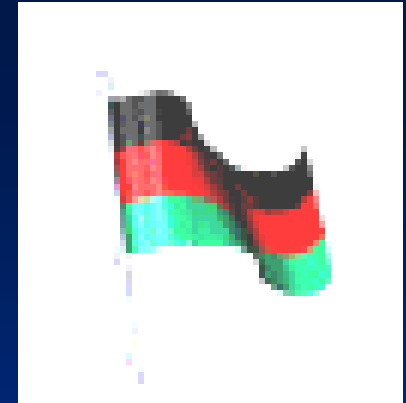


6. CONCLUSIONS

- A proper situation analysis for TB/HIV is prerequisite for scaling up collaborative TB/HIV activities.
 - Proper organizational focus must be made in key areas to decide how CT/HIV series will be assessed as well as how TB control activities will be assessed.
 - Provide a clear policy CT for general population CT and HIV testing for TB patients.
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- Implement a clear and simple system that records and report TB patient accessing HIV testing in the public Health facilities; and those offered ARV.
- It is feasible to demonstrate areas of TB/HIV collaboration, make progress and plan for the future
- TB/HIV collaborative is a way of providing comprehensive care for the patients with both conditions.





THANK YOU FOR LISTENING

